## **Seal Beach Recreation And Community Services Department**

211 Eighth Street, Seal Beach, Ca 90740
Recreation Office (562) 431-2527 Ext. 1344 • Office Fax (562) 430-3498

## **CLASS REGISTRATION FORM**

ADULT NAME:	LAST NAME			FIDOT	NAME	
E-MAIL:			@	FIRST NAME		
ADDRESS: STREET			CITY		ZIP	
PHONE: HOME PHONE #		WORK#		MOBILE # _		
EMERGENCY CONTACT:				PHONE # _		
DR. IIC #:				EXP DATE:		
PARTICIPANT 1st NAME	LAST NAME	BIRTH DATE	CLASS #	CLASS TITLE	START DATE	FEE \$
					TOTAL	Φ.
I hereby agree to indem and volunteers from and ments, including attorned participation in the proof of the event or activity a cept those dangers. In a my permission to the Ci advertising purposes for use. My signature acknowledges	I against any and ay fees, expert wigram for which I and recognize that case of emergency of Seal Beach of the City of Seal	all claims, dar tness fees and am registering at this event or by, I give my p to photograph Beach and ac	nages, liabid court costo him/her. If activity catermission for me or my knowledge	lity, bodily injury, deats in any way arising understand and am n be dangerous to n or emergency medic child participating in I will not receive any	th, expenses, from my (or refamiliar with the familiar with the familiar with the familiar with the familiar at the familiar with the expension of the familiar at the familiar with the expension of the familiar with the familiar wi	and judg- ny child's) the nature d) and ac- I also give activity for
DATED:	SIGN	IATURE:	(5)	A DTIQUEANT (DADENT OR G	NIA PRIANI)	
		IOD O	F PA		· ·	
CARD #	ERCARD (NO D			D TO ACCT: \$ EXP. [		
				Ψ_		